

AUTHORITY: Section 31a (6) of the State School Aid Act.
COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)

STATE USE ONLY

Date Received

Project Number

TEEN HEALTH CENTER CONTINUATION FUNDING FOR FISCAL YEAR 2003-2004

PART A

APPLICANT	Legal Name of Applicant	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
CONTACT PERSON	Name of Contact Person	Telephone (Area Code)	Fax Number (Area Code)
	Address	City	Zip Code
	E-Mail		
PROJECT DIRECTOR/ COORDINATOR	Legal Name of Agency/District	Telephone Number (Area Code/Local Number)	
	Name of Contact Person	E-Mail	
	Site		

1. FUNDING STRATEGY--Identify the type of program the applicant requests funds for (clinical or non-clinical), and the amount of funds requested (select only one).

- ☐ **Clinical Teen Health Center Model**
- ____ Less than 1,000 unduplicated users (\$125,000)
- ____ 1,000 - 2,000 unduplicated users (\$150,000)
- ____ Over 2,000 unduplicated users (\$175,000)

- ☐ **Non-Clinical Teen Health Center Model:** Awards will be made with a maximum allocation of \$80,000. The amount of funding proposed must be based on a reasonable justification of expenses.

2. SERVICE AREA--Identify the service/target area(s) the requested funds will service: _____

_____ (school district, county, city, metropolitan area, etc.)

PART B

ASSURANCES AND CERTIFICATION: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

DATE _____ SUPERINTENDENT OR
AUTHORIZED OFFICIAL _____

SIGNATURE

TYPED NAME/TITLE _____

MAILING INSTRUCTIONS: The ORIGINAL and THREE (3) copies of this application must be POSTMARKED by AUGUST 15, 2003 at the STATE address indicated above. (*Hand-delivered, e-mailed, and faxed applications will not be accepted.*)

ASSURANCES AND CERTIFICATIONS

IM-02-77
(Page 1a)

-- STATE PROGRAMS --

INSTRUCTIONS: Please attach ALL assurances to the application.

Assurance Concerning Materials Developed with Funds Awarded Under this Grant

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

Certification Regarding Nondiscrimination Under Federally and State Assisted Programs

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

Certification Regarding Title II of the Americans with Disabilities Act (ADA), P.L. 101-336, State and Local Government Services (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities and services of public entities. Title II requires that "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

Certification Regarding Title III of the Americans with Disabilities Act (ADA), P.L. 101-336, Public Accommodations and Commercial Facilities (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title II of the ADA for the program or service for which they receive a grant.

ADDITIONAL ASSURANCES---STATE PROGRAMS

- a) The grantee will administer the program in accordance with the Revised School Code of 1995 and the State School Aid Act, in accordance with the State Board of Education approved criteria for School Improvement/Professional Development plans, and in accordance with the approved application.
- b) The grantee will keep records and documentation sufficient to demonstrate compliance with the requirements of the Revised School Code of 1995 and the State School Aid Act, and the State Board of Education approved criteria for School Improvement/Professional Development plans, and will provide such information to the State as may be required for fiscal audit and program evaluation.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

ASSURANCES AND CERTIFICATIONS (Continued)

-- SPECIFIC PROGRAM ASSURANCES --

PART B (Continued)

Initiation and continuation of funding is contingent upon satisfactory fulfillment of the following assurances. Inability to fulfill any or all of these assurances could result in a reduction or discontinuation of funding.

Data Reports

Quarterly and *End-Year Data Reports* will be required of all grant recipients including required data collection and a final report of the program's objectives and results.

Year-End Reports

A year-end data and narrative report must describe how well the agency met the goals, objectives and service/work plan outlined in the application.

Financial Reports

Monthly financial status reports will serve as both a report of monthly expenses and as the invoice for payment of expenses incurred.

Final Report

Grantees will be required to submit a final written report within 60 days of the grant ending date.

Compliance with School Code and School Aid Act

All intermediate school districts and local school districts must comply with all Michigan School Code regulations and as well as the School Aid Act of 1976. See Attachment X for specific language related to these regulations.

Program Requirements

Grantees are required to meet all Minimum Program Requirements outlined in Attachment X.

SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

PART C -- GRANT PROGRAM DETAILS

1. TITLE PAGE

Provide the name and address of the applicant agency, federal identification number, name and telephone number of the authorized agent of the applicant agency, project director/coordinator name, address, telephone number, fax number and email address, the program type for which the application requests funds (clinical or non-clinical model), amount of funds requested, amount of funds received in FY03, and the service/target area for which the proposal requests funds (school district, county, city, metropolitan area, etc.).

2. TABLE OF CONTENTS

Provide a table of contents with corresponding page numbers. Number each page of the application.

3. SERVICE/WORK PLAN

Services proposed to be provided should be fully and clearly described for the period **October 1, 2003 through September 30, 2004**. List the overall program goal(s), and measurable, time-framed objectives. Objectives should be realistic and address the needs of the target population. Describe how youth input will occur and how services will be youth-friendly and acceptable to youth. **Please see the Grant Announcements Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

4. FINANCIAL PLANS

The financial plan should be sufficient to achieve the proposed project, but not be excessive. A minimum local match of 25 percent is required. The match can be reached either through cash contributions (hard match) or in-kind resources, such as donated space or time (soft-match). **Please see the Grant Announcement Instructions for Teen Health Center Grants for additional details to respond to this section and rubric for earning points.**

PART D -- NARRATIVE PROGRAM DESCRIPTION

Michigan State Board of Education Grant Strategic Goal and Strategic Initiatives

The State Board of Education has adopted its Strategic Goal "Attain substantial and meaningful improvement in academic achievement for all students/children, with primary emphasis on chronically underperforming schools and students." In addition, the State Board has adopted the following five Strategic Initiatives to implement the goal:

- 1) Ensuring Excellent Educators.
- 2) Elevating Educational Leadership.
- 3) Embracing the Information Age.
- 4) Ensuring Early Childhood Literacy.
- 5) Integrating Communities and Schools.

To the greatest extent possible, not more than one page in length, explain how one of the five Michigan State Board of Education strategic initiatives will be addressed through the Teen Health Center grant.

PART E. BUDGET

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the Michigan School Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY

LEGAL NAME OF APPLICANT							
RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE		ENDING DATE	FY of Approved Activity	
		T C 0 4	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> 2 Carryover		M M D D Y Y <input type="text"/> 0 <input type="text"/> 9 <input type="text"/> 3 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 4	2 0 0 4	

BUDGET:**OBJECTS:**

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000, 4000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000, 8000	<u>TOTAL</u>
110	Instruction -- Basic Programs							
120	Instruction -- Added Needs							
130	Instruction -- Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES --NOT ALLOWED--							
<u>TOTAL EXPENDITURES</u>								

TOTAL AMOUNT REQUESTED

TRANSACTION PURPOSE:	AMOUNT OF CHANGE <small>(Use minus sign preceding decreases)</small>
<input checked="" type="checkbox"/> Original <input type="checkbox"/> 2 Amendment	\$ _____

2. BUDGET DETAIL ---

Explain each line item that appears on the Budget Summary, using the indicated function code and title, on a plain sheet.

DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
	Elizabeth Coke Haller	
DATE	M.D.E. CONTACT PERSON (Type or Print)	SIGNATURE

● MDE certifies the application is complete and meets the program requirements set forth in statute.